## **EXTENSION ATTACHED**

Form **990** 

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

Α	For th	e 2020 calen	020 calendar year, or tax year beginning , 2020, and endin							, 20				
В		applicable: C								D Employer identification number				
		ddress change New York Disaster								01-0794539				
	$\boldsymbol{\vdash}$	me change	Total Galatha Consideration Total								E Telephone number			
	$\boldsymbol{\vdash}$		1/ West 13rd Street #107								212-669-6100			
	-	tial return	New York, NY 10036							212	2-669	-0100		
	$\boldsymbol{\vdash}$	Final return/terminated												
	Am	Amended return								<b>G</b> Gross		.,,		
	Application pending F Name and address of principal officer: Peter Gudaitis								H(a) Is this a group return for subordinates?  Yes  No					
	Same As C Above								H(b) Are all subordinates included? If "No," attach a list. See instructions  Yes No					
1	Tax-e	exempt status:	X 501(c)(3)	501(c) (	) <b> </b>	nsert no.)	4947(a)(1) or	527						
J	Web	osite: ► WW	W.NYDIS.O	RG					H(c) Group	exemption r	number 🕨	•		
K	Form	of organization:	X Corporation	Trust	Association	Other ►	L	Year of formation	n: 200	3 <b>M</b>	State of le	egal domicile: NY		
Pa	art I	Summar	ν		· · · · · · · · · · · · · · · · · · ·							-		
				ation's miss	ion or most s	significant ad	ctivities:To	develor	and	Suppor	rt fa	ith-based		
-		Briefly describe the organization's mission or most significant activities: To develop and support faith-based disaster readiness, response, and recovery services for New York City - and,												
ည			recovery											
'n		NYC.												
supports recovery in disaster-impacted communities with a direct connect NYC.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net asset  Number of voting members of the governing body (Part VI, line 1a)														
	3	Number of vo	oting members									10		
•ઇ •	4	Number of in	dependent voti	ing member	s of the gove	erning body	(Part VI, line	e 1b)			4	10		
<u>ti</u> ë	5	Total number	r of individuals	employed in	n calendar ye	ear 2020 (Pa	rt V, line 2a	a)			5	41		
Activities &	6	Total number	r of volunteers	(estimate if	necessary).						6	247		
Ac			ed business re									0.		
	b	Net unrelated	d business taxa	ble income	from Form 9	90-T, Part I,	line 11				7b	0.		
									F	Prior Year	1	Current Year		
đ			and grants (P							273,		6,945,062.		
Revenue	l		service revenue (Part VIII, line 2g)							3,901,051.		815,703.		
e e	l		ncome (Part VI		-									
ď	l .		ie (Part VIII, co								813.	22,307.		
			otal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)							4,262,165.		7,783,072.		
										2,011,	769.	2,019,086.		
	14	Benefits paid	I to or for mem	bers (Part I	X, column (A	(), line 4)								
	15	Salaries, oth	er compensation	on, employe	e benefits (P	art IX, colun	nn (A), lines	s 5-10)		1,830,	201.	1,671,766.		
Se	16a	Professional	fundraising fee	s (Part IX,	column (A), I	ine 11e)								
Expenses	h.	Total fundrais	sing expenses	(Part IX co	lumn (D) line	e 25) ►		39,398.						
$\overline{\Sigma}$			ses (Part IX, co	-						010	7.05	2 264 072		
	l		es. Add lines 1							819,		3,364,873.		
				•						4,661,		7,055,725.		
		Revenue less	evenue less expenses. Subtract line 18 from line 12							-399,570.		727,347.		
Assets or		<b>-</b>	(D   ) ( ) 1	- \						ng of Curre		End of Year		
sset Salar	20		(Part X, line 16	•						2,128,		2,476,257.		
A A	21		es (Part X, line							364,	210.	98,284.		
Net /			r fund balances	s. Subtract I	ine 21 from I	ine 20				1,764,	717.	2,377,973.		
Pa	rt II	Signatur	re Block											
Und	er penalti	ies of perjury, I de	eclare that I have ex	camined this ret	urn, including acc	companying sche	edules and state	ments, and to the	ne best of n	ny knowledg	e and beli	ef, it is true, correct, and		
com	piete. De	eciaration of prepa	arer cooper than offic	er) is based on	all information	which preparer	nas any knowie	eage.						
		(	- 1	<u>53. X</u>	meloul	us)					5.2021			
Sign Here		Signal	Signature of officer							Date				
		▶ Pet	Peter Gudaitis							Executive Director				
		Type or	Type or print name and title											
Paid Preparer Use Only		Print/Type p	oreparer's name		Preparer's sign	Mens	611	Date		Check	if	PTIN		
		Michae	el Schall		Michael	Schall	M	10/6/2	2021	self-emplo	yed	P02024184		
										1	1			
		ly Firm's addre	<u> </u>							Firm's EIN ► 13-4036703				
_ •		, iiiiis auuli		ORK, NY		OOT				Phone no.	(212			
Ma	v tha II	RS discuss th	nis return with t			e? See insti	ructions			1	(412	. X Yes No		
IVIU	,	i vo diocuss li	I CLUITI WILLI	TIO PIOPUICI	51101111 abov	J. JUG 111311	4000013					. 123   140		